

BROUGHTON HOSPITAL
MORGANTON, NORTH CAROLINA

**CLINICAL PSYCHOLOGY
PREDOCTORAL
INTERNSHIP**



Thomas J. Mahle, M.S.
Hospital Director

George H. Krebs, Jr., M.D.
Chief Medical Officer

James M. Moore, Jr., Ph.D.
Internship Training Director

North Carolina Department of Health and Human Services
Division of Mental Health, Developmental Disabilities
and Substance Abuse Services

OVERVIEW

Broughton Hospital offers an APA-accredited internship program in clinical psychology for persons desiring extensive experience with mentally ill adults and adolescents. The internship program has had full APA accreditation since 1980. Broughton Hospital is a progressive state-operated psychiatric hospital serving the 37 counties of western North Carolina. The catchment area is primarily rural but does encompass the urban areas of Charlotte and Asheville and includes persons with diverse cultural/ethnic backgrounds (e.g., Appalachian, Cherokee, Latino and Hmong). The program's focus is on acquiring primary experience within the inpatient psychiatric setting. Interns have the opportunity to gain inpatient experience with an SPMI population, with possible specialty areas of focus in distinct service areas of the hospital: Adult Admissions Service, Adult Extended Treatment Service, Adolescent Services, Geropsychiatry, and a 14 bed Deaf Unit. The internship program begins on July 1st and ends on the following June 30th. Interns receive a stipend of \$18,720.

APPLICATION PROCEDURE

Applicants to the Broughton internship program must complete the AAPI Online application. The AAPI Online application can be accessed through the Applicant Portal at:

http://www.appic.org/match/5_3_match_application.html

Those applicants who are ultimately matched with the Broughton program will also be expected to complete a State of North Carolina Application for Employment form after Match Day. Appointments to internship positions at Broughton are contingent upon the successful results of drug testing and criminal background checks prior to the beginning of the internship year.

The Broughton program operates in accordance with the current APPIC Match Policies. Therefore, this internship site agrees to abide by the APPIC policy that no person at this training facility will solicit, accept, or use any ranking-related information from any intern applicant. The Broughton program is a participant in the APPIC Internship Matching Program. Broughton's APPIC Member Number is 1415. Applicants must obtain an Applicant Agreement package from National Matching Services, Inc. and register for the Matching Program in order to be eligible to match to the Broughton program. Broughton Hospital's Program Code Number for the Match is **141511**.

The deadline for application to the Broughton internship program is November 15th (all materials must be received on site by November 15th). Applicants will be contacted on or before December 15th by phone or email regarding their application status and whether or not they will be invited for an interview. To receive a more comprehensive depiction of Broughton and the internship program, in-person interviews are encouraged but

not required. Because of the limited number of in-person interviews we are able to accommodate, phone interviews may also be offered for applicants who are still under consideration by the Selection Committee. Applicants who are not able to come for an in-person interview may make arrangements for a telephone interview.

The Broughton faculty welcomes candidates with diverse backgrounds, and minorities are strongly encouraged to apply. Competitive applicants for the Broughton program will have completed and/or demonstrated the following:

- a broad variety of clinical/practicum experiences (minimum 600 hours direct, 400 hours indirect)
- interest and/or experience working with the severely and persistently mentally ill
- interest and/or experience in rural and public sector mental health
- assessment skills in the most commonly used diagnostic instruments (e.g., PAI, MMPI-2) as well as projectives, including Rorschach (Exner scoring)
- at least five integrated assessment batteries

Written inquiries may be forwarded to:

James M. Moore, Jr., Ph.D.
Psychology Internship Training Director
Broughton Hospital
1000 South Sterling Street
Morganton, North Carolina 28655

Email: jim.moore@ncmail.net

Phone: (828) 438-6385

PRINCIPLES AND VALUES

The Broughton internship program is designed to help interns develop the knowledge and skills necessary to assist persons with psychological problems to function as independently as possible, in the least restrictive setting, through the delivery of competent, respectful, professional mental health services which determine and address the unique treatment needs of each individual. Underlying this philosophy of professional service is a compassionate concern for the whole person, with recognition of the dignity and worth of every person served. Broughton internship faculty makes every effort to implement this philosophy in the context of a climate of openness, mutual respect, and teamwork.

TRAINING MODEL

The Broughton internship program trains interns to provide a broad array of psychological services within the public mental health sector. The program has been traditionally based on a generalist clinical model of training, which prepares interns to function in a variety of public or private mental health settings with rural or urban populations. In an attempt to better define a more specific model of training, the 2008-2009 training year saw the beginning of a practitioner-scholar training model. This model will continue to promote the development of generalist clinical skills in assessment, treatment, and professional development; however, interns will be able to fine-tune their clinical skills with specific clinical populations found within the hospital's patient populations. These populations include but are not limited to: the severely and persistently mentally ill inpatient population, adult acute psychiatric inpatients, geropsychiatric and medical psychiatric patients, adolescent inpatients, and Deaf psychiatric inpatients. There may also be opportunities for specialty clinical skills development with outpatient clientele via outpatient experience in a private practice setting one day per week.

The training year emphasizes the continuing development and refinement of each intern's assessment and treatment skills, which enables interns to transition into their future role as independent practitioners. Also emphasized is the professional growth and development of interns in their transition from graduate students to entry-level professionals. Training is accomplished using both didactic and experiential training modalities. Each intern is expected to demonstrate achievement of certain core competencies by the year's end, such as being able to conceptualize and implement appropriate psychotherapy treatment, and to generate assessment conclusions and recommendations consistent with psychological test data. The intern's clinical experiences are integrated with scholarly review of sound clinical research with an emphasis on the development of a best practices approach to providing care. The Broughton program fosters an awareness of ethical, systems, and multicultural issues and a humanitarian understanding of the critical importance of continuity of care in the treatment of the emotionally distressed and mentally ill.

GOALS AND OBJECTIVES

Program Goals:

1) Proficiency in Psychological Treatment Skills

A primary objective of the program is to train interns in conceptualizing cases, planning treatment, and implementing psychotherapeutic interventions with adults and adolescents, many of whom present with severe psychopathology. The emphasis is on individual and group psychotherapy, but may include some family therapy. Treatment plans should take a range of factors into consideration, including the severity of psychopathology, managed care issues, practice standards and empirically supported therapy guidelines, as well as patient characteristics in terms of race, ethnicity, culture, gender, socioeconomic status, and lifestyle.

A further objective is to train interns to provide treatment to a range of patient populations as seen in the public sector in a manner consistent with the mission and values of the training site. The internship provides some opportunity for longer-term therapy, but the intern will primarily be expected to develop skills in brief psychotherapy.

2) Proficiency in Assessment Skills

Interns are exposed to a broad range of assessment approaches with which they would be expected to be familiar as an entry-level psychologist. Approaches include intellectual, personality (objective and projective), neuropsychological, and adaptive assessment, as well as the principles of risk assessment and risk management for suicide and violence potential. Interns also receive training on assessment of competency and substance use assessment.

Weekly seminars are offered in these areas of assessment in addition to the experiential offerings within rotations. Interns gain experience in using standardized administration of psychological assessment instruments, and in utilizing their assessment skills to formulate appropriate diagnostic conclusions and treatment recommendations. This involves scoring, interpreting and integrating test/interview data to answer referral questions. Training methodologies include individualized supervised experience, and faculty and interns presenting assessment seminars and case presentations which facilitate hypothesis generation. Interns are also supervised to recognize multicultural factors in assessment in addition to the limitations of psychological assessment instruments.

3) Development as a Professional Psychologist

The training program stresses interns' abilities to understand, practice, and problem-solve within the ethical principles and standards of the profession of psychology and to show sensitivity to individual and cultural diversity. A further objective is to train interns to

function effectively in an interdisciplinary setting and to have a working knowledge of various systems-level issues that can impact upon service provision.

Other aspects of professional development that are a focus of supervision and training include utilizing professional communication skills (e.g., through case presentations), consultation, program planning, providing clinical supervision when available, and knowledge of professional, ethical, and legal issues associated with clinical practice.

4) Development Of Clinical Skills Within Special Clinical Populations

The internship at Broughton Hospital allows interns the opportunity to further the general clinical skills and abilities that many interns gather through their internship training year; however, we also have special clinical populations and clinical expertise in certain areas that are not available at other internship sites. The internship program at Broughton is able to offer interns the ability to fine-tune their clinical skills in the following specialty areas:

1. Severely and Persistently Mentally Ill (SPMI) – working with persons who have chronic mental illness and often require longer-term inpatient care
2. Acute Psychiatric Care – working with persons who are acutely mentally ill and may require short-term stays
3. Adolescent Care – working with adolescents who have severe pathology which requires inpatient care
4. Geropsychiatry – working with the geriatric population and their special needs, as well as assessing inpatients for neuropsychological problems or deficits.

These 4 specialties are available by working in specific services throughout the hospital. With input from internship faculty and availability of supervisors, interns will have choices about the primary 4-month rotations they conduct throughout their training year, with possibilities for secondary rotations for an additional 4 months in the same service. At the end of their 4-month rotation, interns will be expected to pass evaluation proficiencies in these specialty areas.

RESOURCES

To facilitate accomplishment of the above goals and objectives, there are approximately 15 doctoral-level psychologists associated with the Broughton internship program at the hospital and at outpatient agencies. Brief staff biographies appear at the end of this booklet.

THE HOSPITAL

Broughton Hospital is one of four regional psychiatric facilities operated by North Carolina's Division of Mental Health, Developmental Disabilities, and Substance Abuse Services. Broughton Hospital serves the 37 westernmost counties of North Carolina and is comprised of four residential services, which provide various specialty treatment services. The four hospital services are as follows:

- 1) Adult Admissions Services: serving acute, short-term stay adults
- 2) Adult Extended Treatment Services: serving long-term SPMI adults
- 3) Specialty Services : including the Adolescent unit and Deaf services
- 4) Medical Services: serving geropsychiatry and the medical needs of psychiatric patients with both chronic and acute medical conditions.

Within each service, therapeutic services are coordinated by one or more interdisciplinary treatment teams. In addition to the comprehensive array of physical diagnostic and treatment approaches, individual, group, behavior, family, and milieu therapy are available on each service. Occupational, work, recreation, and creative arts therapies are also available, and Vocational Rehabilitation provides assessment and training in a nearby facility.

Over the past decades, the hospital's mean daily census has decreased from 2300 to less than 300 patients. Although admissions have remained high (over 3000 per year), the average length of hospitalization has decreased. One factor contributing to the reduced length of stay is that the Adult Admissions Service often provides crisis intervention and stabilization, returning patients to their communities relatively rapidly.

Broughton Hospital also serves as a regional educational facility. Professional training is provided to interns and practicum students in clinical psychology, as well as to residents in psychiatry, students in occupational therapy, pharmacy, medical, dental, and nursing. The Continuing Medical Education program, operated by the Staff Development Department, regularly brings speakers to the Broughton campus to provide lectures and workshops. These programs are open to mental health professionals from throughout the region and address a wide range of psychiatric and psychological issues. The holdings of the Staff Library are supplemented by inter-library loan capability. Computer searches of the medical and psychological literature are also available via databases that are accessed through Wake Forest University Medical School's Carpenter Library.

INPATIENT ROTATIONS

Within the hospital, interns complete three 4-month rotations. Typically, these rotations occur on the Adult Admissions Service, Specialty Services – Adolescent Services – Geropsychiatry/Medical Services, and the Adult Extended Treatment Service (SPMI population). Rotations or possible clinical experience may also occur on the Deaf Services

unit. All of these rotations and placements depend on supervisor availability, the need for psychological services, and the training needs and/or interests of the interns. All hospital rotations are four months in duration. The interns will also have a secondary rotation (8 hours per week) – typically on another service – if they are not assigned to outpatient private practice. The following describes the various rotations and services at Broughton Hospital:

Adult Admissions Services



The Adult Admissions Service is an exciting experience in the operation of a continuous care system. The patient population is diverse and presents with a wide variety of Axis I and Axis II disorders. The service has 95 operating beds distributed over five units. The service is rapid-paced, with an average length of stay of 10 or 11 days, and approximately 300+ admissions per month. During the rotation, interns are involved primarily with patients in a relatively acute psychiatric status for whom intensive, multimodal, crisis intervention methods are mobilized in an effort to stabilize patients and prepare them for continuing care either in the community or in a longer-term stay service.

The Adult Admissions rotation is assessment-intensive. Interns can receive referrals for psychological assessment from any of the five treatment teams. These referrals are coordinated by the intern's supervisor. Interns are trained in diagnostic interviewing, substance abuse assessment, and interpretation of formal assessment data (e.g., PAI, MMPI-2, Rorschach, TAT) to provide specific diagnostic formulations and treatment recommendations. They are also encouraged to work closely with the patient's treatment team to achieve maximum continuity of care and consistency of treatment approach.

Psychotherapy on the Adult Admissions Service emphasizes brief, focused approaches targeting more effective coping strategies and facilitating management of affect, ideation, and behavior. In addition to individual therapy and psychological assessment, interns typically serve as facilitators or co-facilitators in at least two groups with a supervising psychologist on the service's treatment mall. Further duties may include behavioral

consultation for dangerous or disruptive behaviors, treatment team consultation, and family/couples therapy.

Individual supervision with the primary supervisor is held on a weekly basis. There are also opportunities for supervision with other clinical staff (e.g., as co-facilitator of a group). Additionally, administrative and clinical management issues, particularly with regard to factors affecting continuity of care, are discussed with interns during supervision sessions.

Adult Extended Treatment Service



The Adult Extended Treatment Service is a 98-bed residential treatment unit for the chronically mentally ill population and consists of five units separated according to clinical acuity and gender. The service receives almost all of its adult patients from the Adult Admissions Service. Many of the patients have been unable to stay in the community without repeated hospitalizations; others may be legal-status patients who are not capable of proceeding to trial; some simply require longer-term treatment that cannot be provided on the short-term Adult Admissions Service. Using a rehabilitation model of recovery and emphasizing skills-building modules, the Adult Extended Treatment Service utilizes behavioral and psychosocial approaches, psychoeducation, psychotherapy, crisis intervention, and milieu therapy. An active treatment mall is located within the service and provides rehabilitation, treatment, and enrichment through group psychotherapy, including recreational therapy, occupational therapy, discharge planning, medical education, and creative expressive therapies.

The Adult Extended Treatment Service offers interns an opportunity to do individual therapy work with selected patients as well as to train in behavioral and psychosocial milieu approaches. Interns typically carry 4-5 individual psychotherapy cases, co-facilitate 2-3 groups in the treatment mall, and conduct at least one complete assessment battery that includes both projective and objective assessment. As a part of interdisciplinary treatment teams throughout the service, interns participate in planning and consultation, delivery, and evaluation of treatment. Interns may also be involved in administrative and clinical management issues, program development, and in working effectively and harmoniously with professionals in other disciplines. Weekly individual supervision and weekly case conferences are provided during the rotation.

Specialty Services



The Specialty Services is composed of two adolescent units and the Deaf Services unit, which encompasses mental health and substance abuse services for the Deaf.

Adolescent Units:

The Adolescent units contain two units (one male unit and one female unit) with 28-beds for emotionally disturbed youth from 13 to 18 years of age. In addition to providing an academic curriculum through a certified school program, individual and group psychotherapy are emphasized for the adolescents. In addition, a therapeutic milieu with a comprehensively-structured and behaviorally-oriented point system intended to promote a wide range of desired behaviors is provided within these units. Whenever possible, family therapy is provided in addition to individual psychotherapy and group work. Many youth are seen for formal psychological evaluations consisting of a battery of objective and projective measures selected to address specific referral questions such as diagnostic clarification and treatment recommendations. Each newly admitted patient is interviewed by the psychology staff in order to formulate an initial clinical assessment, which is an integral part of the treatment planning process. Psychologists on the service assume a leadership role in the areas of evaluation, therapy, and programming. Interns are fully integrated into the service's psychology services, providing individual and group psychotherapy and conducting comprehensive assessment and evaluation procedures. Finally, interns are strongly encouraged to pursue other areas of interest relevant to future responsibilities as doctoral-level psychologists. These areas may include clinical supervision of pre-master's practicum students, treatment planning, program development, and staff training.

Deaf Unit:

The Deaf unit has a capacity for 14 patients and contains both a psychiatric treatment unit and an Alcohol and Drug Treatment Center for deaf and hard of hearing patients. This unit is for patients who primarily communicate through American Sign Language or could benefit from an environment where signing is the primary form of communication. There is an emphasis on providing culturally sensitive and culturally relevant treatment to patients on this unit. Interns may participate in all aspects of treatment with the assistance of an ASL

interpreter including treatment planning, psychological assessments, group therapy, and individual therapy as part of the rotation on the Specialty Services. Interns also have the opportunity to learn about deaf culture and learn beginning sign language through free courses offered outside of work hours by the Deaf Services Coordinator.

Geropsychiatry

The Geropsychiatry units are made up of 2 units with approximately 20 patients on each unit (one male unit and one female unit). Interns are involved in treatment planning and psychological services for this geriatric population. Duties also include supervised neuropsychological screening and assessment, providing group, individual, or family therapy, and/or treatment team participation. In addition, the intern may have exposure and/or experience in guardian competency assessments as well as work on the medical unit of the hospital for those psychiatric patients with acute or chronic medical problems that need active treatment.

OUTPATIENT MENTAL HEALTH AGENCIES

In the past, interns trained in nearby outpatient mental health agencies to complement and extend the diverse inpatient experience at the hospital. With a change in North Carolina's delivery of community services, area mental health programs have transitioned over the past few years to private Licensed Management Entities (LME's) and private, non-profit organizations to offer more services and choices to its consumers. Perhaps the biggest impact of the state's mental health reform was the change in availability of contracts for internship placements with these agencies, as they are no longer able to bill for intern services. Therefore, the internship program currently contracts with only one private practice agency, The Counseling Group, Inc. This busy practice has offices in Morganton and the nearby city of Hickory (20 minutes away). This contract is renewed annually each Spring. Interns may or may not be assigned to either of these sites, depending on availability and the contract conditions. Interns assigned to The Counseling Group, Inc., are at the outpatient site for 1 day per week (traditionally, Mondays) and at the hospital the other 4 days per week.

Currently, 2 of the 4 interns are placed at The Counseling Group and work closely with their supervisors (doctoral-level licensed psychologists) to provide services to outpatient clients. Interns become fully integrated members of a clinic's treatment team and acquire skills in rendering clinical services. These services may include individual, group, family therapy, couples therapy, assessment, and consultation. There have also traditionally been some unique opportunities in these settings, such as participating in Child Forensic evaluations or EAP contract work. Assignments are made with consideration given to each intern's preferences and training needs.

SUPERVISION AND EVALUATION

Each intern has a number of supervisors at any one time. Each intern receives *at least* four hours of supervision each week, with at least two hours being individual face-to-face supervision. If an intern is assigned to an outpatient site for 1 day each week, the intern receives a minimum of one-hour weekly individual supervision with their primary supervisor at their assigned site. Interns assigned to a secondary rotation at the hospital are also assigned an additional supervisor for that rotation. Interns and supervisors develop a supervision and training contract at the beginning of each rotation or placement to identify regularly scheduled supervision meetings as well as the goals and expectations of the intern during the rotation.

In addition to weekly informal feedback, supervisors provide formal written feedback at various points throughout the training year. Inpatient supervisors give written feedback at the midpoint (2 months) as well as the end of each rotation. Supervisors at the outpatient sites provide formal written feedback three times per year (at 3 months, 6 months, and end-of-year). Interns are encouraged to provide the staff with feedback about their rotations in an ongoing fashion. The interns also complete formal evaluation of each supervisor and rotation or placement. This is given to the Internship Training Director and not shared with the supervisors until the end of the training year.

INTERNS PROVIDING SUPERVISION

During the course of the year, there may be opportunities for interns to supervise practicum students from the Master of Arts clinical psychology program at Appalachian State University. In addition, Broughton serves host to the Davidson-Broughton summer program in which 8 students from around the nation come to Broughton for 8 weeks of didactic coursework and experiential training opportunities.

CURRICULUM PLAN

Interns are expected to attend weekly seminars that are designed and presented especially for the predoctoral psychology interns. Each Wednesday afternoon, interns attend and participate in two 1¼-hour seminars addressing assessment, treatment, and professional development issues. Interns also attend group supervision meetings on Tuesdays and Wednesdays.

Additionally, the Continuing Medical Education program at Broughton regularly brings to the Broughton campus prominent speakers to provide lectures and workshops. These programs are open to mental health professionals from throughout the region and address a wide range of psychiatric and psychological issues. Interns are encouraged to attend and are provided time to do so.

Assessment Seminars

These seminars include but are not limited to: training in Rorschach administration, scoring, and interpretation; other projective techniques (e.g., the Thematic Apperception Test; the Roberts Apperception Test for Children, Second Edition); objective assessment instruments (e.g., the MMPI-2, MMPI-A, PAI, and PAI-A); substance use assessment; neuropsychological screenings; and forensic assessment. Seminars and case presentations are presented by internship faculty or outside guests. Additionally, interns are expected to provide an assessment case presentation in the second half of the internship year. The following is a list of specific topics covered during recent internship years (those with an asterisk (*) spanned more than one session; this list does not include multiple faculty case presentations).

TOPIC
Proficiency Assessment of Interns' Skills*
Mental Status Exams/Clinical Interviewing
Differential Diagnostics
Risk Management/Risk Assessment*
MMPI-2
MMPI-A
Rorschach - Exner Approach*
Substance Abuse Assessments
WAIS III
Forensic Assessment*
Family Systems Analysis
Neuropsychological Screening and Assessment *
Adaptive Assessment
Child-Parent Evaluations
Assessment of Competence
PAI
TAT
MCMI-III
Suicide Risk Assessment

Treatment and Professional Development Seminars

These seminars cover a wide variety of topics related to advanced issues in psychotherapy and professional development, with special emphasis on topics related to multicultural diversity and ethical issues. In addition to covering a range of relevant practice topics, these seminars also provide a venue for interns and faculty to present treatment cases. Following are the specific topics covered during recent internship years:

TOPIC
Working with the Cherokee Population
The Psychologist As Expert Witness
Brief Psychodynamic Psychotherapy
Career/Job Search in Psychology
Involuntary Commitment

Preparing for the EPPP
Termination in Psychotherapy
Suicide Risk Assessment
Malpractice Issues
Attachment Disorders
Sex Offender Treatment
Psychopharmacology
Schema-focused Therapy
Solution-focused therapy
Long-term Effects of Sexual Abuse
Treatment of Sexual Abuse
Licensing Board Issues
Group Psychotherapy
Empirically Supported Psychotherapy
Adjusting to Internship
Multicultural Diversity (various topics and overviews)
Ethics Overview
Deinstitutionalization
Rural Practice Issues
Clinical Supervision
Critical Incident Stress Debriefing
Issues in Working with Gay, Lesbian, and Bisexual Clients
Boundaries and Dual Relationships
Legal and Ethical Issues in the Treatment of Children and Adolescents
Primary Care Psychology
Managed Care
Attaining Licensure
Professional Liability/Malpractice
Private Practice
Is There Life After Internship?
Treatment of Anxiety Disorders
Treatment of Eating Disorders

QUALITY ASSURANCE

In order to successfully complete the Broughton internship program, an intern must meet the following outcome standards:

1. Completion of a minimum of 1832 hours of training, including a minimum of 750 hours of direct clinical services. **[Note: Broughton's program is considered a full-time, 1-year internship with APA-accreditation; however, given leave time considerations (e.g., vacation, sick days, and holidays), the internship cannot guarantee interns verification of a 2000-hour internship if the 2000-hour verification cannot include leave time.]**
2. At least two clinical treatment case presentations to demonstrate competence in conceptualization and implementation of an appropriately individualized

treatment plan, which should include a focus on relevant ethical, systems, and multicultural considerations.

3. At least one diagnostic case presentation utilizing a battery of assessment instruments, to demonstrate an ability to provide conclusions and recommendations which are consistent with the test data.
4. At least one theoretical presentation on an ethical, systems, or multicultural issue to demonstrate competence relative to one of these themes in an area of special interest for the intern.
5. Intern competence in assessment and treatment is of primary importance in achieving the goals of this internship program. Competence in these areas is measured via supervisor evaluations by means of direct observation, progress note reviews, patient/client evaluations, and conceptualizations and interventions presented in supervision and case conferences. Audio and/or video taping may also be used. In addition, interns must show overall good use of supervision and professional development consistent with performance expectations and standards for entry-level psychologists. The five primary domains of formal evaluation include: 1) Psychological Assessment, 2) Psychotherapy & Treatment, 3) Professional Skills, 4) Professional Behavior, and 5) Supervision. At the end of the year, interns must earn a “Satisfactory” or “Excellent” rating on all five domains from all supervisors submitting a year-end evaluation.

THE COMMUNITY AND AREA

Broughton Hospital is located in Morganton, North Carolina. The city is nestled in the eastern foothills of the Blue Ridge Mountains, an area that ranks among the nation's most environmentally pleasing locales. The community blends the desirable features of small town living with easy access to the shopping and cultural advantages of the nearby larger cities of Asheville, Hickory, and Charlotte.

In addition to Broughton Hospital, other state-operated facilities located in Morganton include the J. Iverson Riddle Developmental Center (a residential facility for the developmentally disabled), the North Carolina School for the Deaf, Foothills Correctional Institution, and Western Youth Institution (a secure correctional facility for youthful offenders). Consequently, a large number of professionals reside in the community. Furniture, textile, and electronic industries, along with agriculture, comprise the other principal forms of employment in Burke County.



**PROGRAMS FROM WHICH INTERNS HAVE COME
DURING THE PAST TWENTY SIX YEARS**

American School of Professional Psychology (Argosy – Washington, D.C.)	2
Auburn University	1
California School of Professional Psychology at Alameda	2
California School of Professional Psychology at Fresno (Alliant University – Fresno)	3
California School of Professional Psychology at Los Angeles	1
Carlos Albizu University (formerly Miami Institute of Psychology)	1
Case Western Reserve University	1
Chicago School of Professional Psychology	1
Fielding Graduate University	1
Florida Institute of Technology	8
Florida School of Professional Psychology (Argosy – Tampa)	3
George Fox University	1
Georgia School of Professional Psychology (Argosy - Atlanta)	5
Georgia State University	4
Illinois School of Professional Psychology – Chicago (Argosy)	3
Indiana State University	1
Jackson State University	1
Louisiana State University	2
University of Memphis (formerly Memphis State University)	1
Minnesota School of Professional Psychology (Argosy)	2
Nova Southeastern University	3
Ohio University	3
Pacific Graduate School of Psychology	2
Purdue University	1
Regent University	2
Spalding University	1
State University of New York at Albany	1
Texas A & M University	1
Texas Woman's University	1
The University of Toledo	1
University of Hartford	4
University of Hawaii – Manoa	1
University of Illinois at Chicago	1
University of Louisville	1
University of Manitoba	2
University of Mississippi	2
University of North Carolina at Chapel Hill	6
University of North Carolina at Greensboro	2
University of South Carolina	2
University of Southern Mississippi	1
University of Virginia	1
University of Windsor	1
University of Wyoming	1
Vanderbilt University	1
Virginia Consortium for Professional Psychology	3
Wright Institute	1
Yeshiva University	1

INTERNSHIP FACULTY



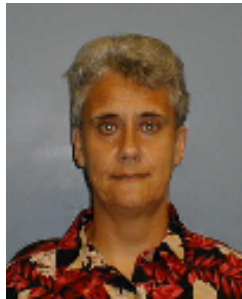
Internship Training Director

James M. Moore, Jr., Ph.D., Ohio University, 1988.

Chief Psychologist, Adolescent Service.

Areas of clinical emphasis or interest: assessment; ethics; risk assessment.

Interests/hobbies: Blacksmithing



Barbara F. Beier, Ph.D., University of Tennessee, 1994.

Staff Psychologist, Gero/Medical Service.

Areas of clinical emphasis or interest: schizophrenia, psychiatric rehabilitation, and Dialectical Behavioral Therapy

Interests/hobbies: Duplicate Bridge, amateur radio, walking for health, reading, kung fu, playing the accordion



Christine Cooper, Psy.D., Florida Institute of Technology, 2008.

Staff Psychologist, Adult Admissions Service.

Areas of clinical emphasis or interest: SPMI population; personality assessment; mental health advocacy; primarily CBT orientation

Interests/hobbies: Dance, travel, my Jack Russell (Pixel)



Robert L. Moseley, Psy.D., Florida Institute of Technology, 2000.

Psychology Department Director

Areas of clinical emphasis or interest: Forensic Assessments (Competency & Criminal Responsibility, Mitigation, Sentencing), psychological assessment, measurement of response bias, Factitious Disorders

Interests/hobbies: photography, cooking, golf



Rosalyn N. Newton, Psy.D., Illinois School of Professional Psychology, 2009.

Staff Psychologist, Adult Admissions Service.

Areas of clinical emphasis or interest: Forensic Psychology, risk assessment, SPMI, trauma, and cognitive behavioral therapy.

Interests/hobbies: cooking, traveling, music, shopping, tennis, and spending time with family and friends.



Rosalba Pardo, Psy.D., Carlos Albizu University, 2002

Areas of clinical emphasis or interest: Acute Adult Care, SPMI, Forensic Psychology, Cognitive Behavioral Therapy

Interests/hobbies: First Edition Book Collecting



Michelle Prell, Psy.D., Florida Institute of Technology, 2008.

Staff Psychologist, Adult Admissions Services

Areas of clinical emphasis or interest: Clinical implications of child sexual abuse; psychological assessment; Scandinavian culture

Interests/hobbies: sailing, dancing, traveling, running, cooking



Gina Salisbury, Psy.D. Florida Institute of Technology, 2007.

Staff Psychologist, Adult Admissions Services.

Areas of clinical emphasis or interest: Objective and Projective Personality Assessment; SPMI; Forensic Psychology and Antisocial Behavior

Interests/hobbies: Animals, Hiking, Canoeing, Cooking, Music, Yoga



Michael S. Streppa, Psy.D., Georgia School of Professional Psychology, 1995.

Chief Psychologist, Adult Extended Treatment Services.

Areas of clinical emphasis or interest: Personality disorders; SPMI; dual diagnosis; CISM, family systems and dynamic orientations; private practice specialties: child/family psychology, organizational consultation

Interests/hobbies: boating, skiing, biking



Karen F. Swaim, Ph.D., University of Memphis, 1998.

Staff Psychologist, Adult Extended Treatment Services.

Areas of clinical emphasis or interest: SPMI; criminal forensic psychology; assessment and treatment of juvenile sex offenders.

Interests/hobbies: spending time with family, church activities, gardening

ADJUNCT FACULTY

David Callahan, LPC, CCS, LCAS. B.A., University of the State of New York, 1984. Substance Abuse Counselor, Broughton Hospital. Assessment and treatment of co-occurring mental illness and substance abuse/dependence.

Elizabeth Guzman, JD, Law School at University of Florida, 1987. Assistant Attorney General, Broughton Hospital. Civil Commitment; Mock court (with the internship program); Criminal Appellate work.

Doug Freeman, Ph.D. University of Florida, 1977. Clinical Psychologist, The Counseling Group, Inc. Treatment of depression and anxiety; assessment of learning and behavioral disorders in children; transformational psychology

April Fulbright, Pharm.D., BCCP. Campbell University School of Pharmacy, 2001. Clinical Pharmacist, Broughton Hospital.

Elizabeth N. Huddleston, Psy.D., Florida Institute of Technology, 1998. Mental Health Local Recovery Coordinator, V.A. Medical Center, Asheville, NC. Psychological assessment; Critical Incident Stress Debriefing; SPMI rehabilitation; addressing issues with LGBT population; risk assessment

Debra Moore, Ph.D., University of Southern Mississippi, 1994. Private Practice. Child forensic evaluations

Bill Schmaltz, MA. University of Windsor, 1995. Staff Psychologist, Broughton Hospital. Substance Abuse; Cluster B Personality Disorders; malingering.

For information regarding the
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Broughton Hospital provides equal opportunity to all applicants without discrimination on the basis of race, color, religion, national origin, gender, age, or disability. Both the hospital and mental health agencies affiliated with the internship program have a drug-free workplace policy.

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